

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 119a

Registered No. 43

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Matthew Olivero

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 1st 5. Legitimate? yes 6. Date of birth Mar 11 - 32  
Month Day Year

**8. FATHER**

Full name Matt Olivero

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Italy  
(State or country)

13. Occupation Baker  
Nature of industry

**14. MOTHER**

Full maiden name Carrie Zucco

15. Residence (Usual place of abode) Globe

If non-resident, give place and state.

16. Color or race W 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Ariz.  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 10 a m. on the date above stated.  
(Born alive or stillborn.)

Signature A. J. Kennedy

(Physician or Midwife)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Address Globe

Filed 5/5 - 1932 L. E. Wightman Registrar

466 - 311 - 396 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.